

SCHEDULE 'Y'

TOWN OF COMOX LIST OF REGISTERED PROFESSIONALS BEING COORDINATED BY THE COORDINATING REGISTERED PROFESSIONAL

PROJECT NAME: _____

PROJECT ADDRESS: _____

COORDINATING REGISTERED PROFESSIONAL: _____

NAME OF FIRM: _____

| REGISTERED PROFESSIONAL | NAME OF FIRM | RESPONSIBILITY |
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I the coordinating registered professional for this project understand that the Town of Comox requires, in keeping with the guide to the BC building code letters of assurance, that the coordinating registered professional collect all of the Schedules B, review them for completeness and correctness and submit them, along with copies of building bylaw “Form VII” for each registered professional, as a complete package with the building permit application.

At the completion of the project the coordinating registered professional will collect original signed copies of Schedules C-B from each registered professional listed above along with my Schedule C-A and any other report relating to the project, and submit them in a complete package to the authority having jurisdiction prior to the Town of Comox final inspection. Faxed or photocopies will not be submitted.

SIGNED: _____

DATED: _____

PHONE NO. _____